ORDER & CERTII	10. ADDITIONA						04/24/2019	DATE	a. HEARIN	9. TRANSCRIPI	7. COURT REPO	, , , , , , , , , , , , , , , , , , ,	401 B Stre	4. MAILING AD	1b. ATTORNEY Julie Gr	1a. CONTACT PERSON FOR Laurie Holman	UNITED ST NORTHERN (CA
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).  11. SIGNATURE /S/ Julie Gryce	10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:	PRINCIPAL REAL PRINCIPAL PRINCIPAL REAL PRINCIPAL P					TSL	JUDGE (initials)	HEARING(S) (OR PORTIONS OF HEARINGS)	(s) REQUESTED (	ORTER NAME ( FO	4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) 401 B Street, Suite 1700 San Diego, CA 92101		1b. ATTORNEY NAME (if different)  Julie Gryce	THIS ORDER	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)	
							CMC	TYPE (e.g. CMC)	S OF HEARIN	) and date(s) of proceeding(s) for b.	R FTR, LEAVE						
	, QUESTIONS, ETC:						FULL HEARING	PORTION If requesting less than full hearing, specify portion (e.g., witness or time)	VGS)		7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ ੴ FTR					PI6	
		0	0	0	0	0	0	ng, ppF me) (email)			)→ © FTR				2b. ATTORNEY PHONE NUMBER (619) 699-2743		2a. CONTACT PHONE NU (619) 699-2725
			0	0	0	0	0	TEXT/ASCII (email)	SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)	hich transcri	8. THIS TRANSCRIPT ORDER IS FOR-	8. TH	ş B	5. C/	PHONE NUM 9-2743	2a. CONTACT PHONE NUMBER (619) 699-2725	TRANSCRIPT ORDER Please use one form per court reporter. CAA counsel please use Form CAA24 Please read instructions on next page.
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12. DATE 06/07/2019		0	0	0	0	0	0	ORDINARY (30-day)	c. DE	nd delivery t	☐ In forma pauperis (NOTE: Court order for transcripts must be attached) CJA: Do not use this form; use Form CJA24.		y and C	amandrium ar mygaala yn asjalaenga	з. аттогнеу еман address julie.gryce@us.dlapiper.com	з. сонтаст емац address laurie.holman@us.dlapiper.com	
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